



TABOR ACADEMY

66 Spring Street Marion, MA 02738 001-508-748-2405
exchange, service, study and travel programs

PERMISSION FROM PARENTS FOR MINORS TO FLY UNACCOMPANIED

This certifies that _____ date of birth _____
name of student as it appears on passport

passport country & number _____ expiration date _____

has the permission of the undersigned parents/legal guardians to fly unaccompanied in case of emergency or as deemed necessary by the Tabor Academy Program Leader, Faculty Leader or his/her designee or representative.

Signed this _____ date of _____
month, day *year*

Signature of Parent 1 or Legal Guardian

print name

Signature of Parent 1 or Legal Guardian

print name

NOTARIZATION

On this _____ day of _____
month, day *year*

before me personally came _____ Parent 1 or Legal Guardian

known to me and _____ Parent 2 or legal Guardian

known by me to be the parents or legal guardians of _____
name of student

print name Notary Public _____
signature

My Commission Expires: _____

STATE OF _____

COUNTY OF _____

NOT VALID WITHOUT NOTARY STAMP